

Reference Number: 104-02-DD

Title of Document ICF/~~IID~~ to CRCF Conversion Protocol

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Applicability: DSN Boards

PURPOSE:

To clarify procedures for converting the license of an Intermediate Care Facility for ~~Persons~~ **Individuals** with Intellectual Disabilities (ICF/~~IID~~) to a Community Residential Care Facility (CRCF), or Community Training Home II (CTH-II) and assure these conversions are in the best interest of the consumers served.

I. ICF/~~IID~~ TO CRCF CONVERSION

A. Resource Information

~~**NOTE: DO NOT REQUEST AN ON-SITE INSPECTION FROM DHEC OR SUBMIT A CRCF APPLICATION TO DHEC PRIOR TO RECEIPT OF FINAL NOTIFICATION TO CONVERT (STEP D.2).**~~

- ~~1. —Thoroughly review all information provided by the Department of Health & Environmental Control (DHEC), Division of Health Licensing, regarding procedures for Licensing a (new or existing structure) Community Residential Care Facility (CRCF), (Memorandum <http://www.scdhec.gov/health/licen/hlcrcfmpn.pdf>) including:~~

- a. ~~Enclosure A: Sequence of Events Leading to Licensure (CRCF New)~~
~~<http://www.scdhec.gov/health/licen/hlcrefnea.pdf>~~
- b. ~~Enclosure B: Obtaining Construction Plans for Review (CRCF New)~~
~~<http://www.scdhec.gov/health/licen/hlcrefneb.pdf>~~
- c. ~~Enclosure C: License Application (New or Renew)~~
~~<http://www.scdhec.gov/administration/library/D-0217.doc>~~
- d. ~~Enclosure D: Resident's Bill of Rights—English or Spanish~~
~~<http://www.scdhec.gov/health/licen/hlboreng.pdf>~~
- e. ~~Enclosure E: Omnibus Adult Protection Act Notice~~
~~<http://www.scdhec.gov/health/licen/hloapa.pdf>~~
- f. ~~Enclosure F: List of Suggested Diet Manuals~~
~~<http://www.scdhec.gov/health/licen/hldietm.pdf>~~
- g. ~~Enclosure G: Walks and Ramp Specifications~~
~~<http://www.scdhec.gov/health/licen/hlwlkrmp.pdf>~~
- h. ~~Enclosure H: Garbage Container Platform and Wash Area Specification~~
~~<http://www.scdhec.gov/health/licen/hlgarwash.pdf>~~
- i. ~~Enclosure I: Map & Directions to Health Regulation Offices~~
~~<http://www.scdhec.gov/health/licen/hldirmap.pdf>~~
- j. ~~Enclosure J: Emergency Order of August 30, 2004~~
~~<http://www.scdhec.gov/health/licen/hleo.pdf>~~
- k. ~~Enclosure K: Emergency/Disaster Plan Checklist~~
~~<http://www.scdhec.gov/health/licen/PS-R013-20080115.pdf>~~
- l. ~~Enclosure L: Procedures for Conducting State & Federal Criminal Background Checks~~
~~<http://www.scdhec.gov/health/licen/crc.htm>~~
- m. ~~Enclosure M: Regulation 61-84, Standards for Licensing—Community Residential Care Facilities~~
~~<http://www.scdhec.gov/administration/regs/docs/61-84.pdf>~~

~~This information is found on the S.C.DHEC website at~~
~~<http://www.scdhec.gov/health/licen/memo1p.htm>~~

- ~~2.1.~~ Contact DDSN, Director of Engineering and Planning Division (803) 898-9793, to obtain or answer questions relating to:
 - a. Engaging design professional services to prepare necessary plans;
 - b. Applicable building codes;
 - c. State-wide and other Exceptions;
 - d. DDSN Plan Review;
 - e. DHEC Division of Health Facilities Construction (DHFC) Plan Review;
 - f. Documentation required for Substantial Completion Inspection;
 - g. Architectural & Engineering Guidelines for Design Professionals;
 - h. DHEC Construction Project Information form;
 - i. Scheduling appointments with DHEC DHFC.
- ~~3.2.~~ Contact your local disaster preparedness agency or DHEC Health Licensing (803) 545-4370 to obtain, or answer questions relating to Emergency Disaster Plan requirements. The requirements are noted at <http://www.scdhec.gov/health/licen/emergency.htm>
<http://www.scdhec.gov/health/docs/PS-R084-20040904.pdf>.
- ~~4.3.~~ Contact the Department of Labor, Licensing & Regulation, Board of Long Term Care Administrators, (803) 896-4544, to obtain, or answer questions relating to CRCF Administrator requirements. This information can be obtained from their web site at:
<http://www.llr.state.sc.us/POL/LongTermHealthCare>.
- ~~5.4.~~ Contact ~~the~~ DDSN District Office, Waiver Enrollment Coordinator (864) 938-3292 to obtain, or answer questions relating to procedures for ID/RD Waiver Slot Allocation and Enrollment.

B. DDSN Review (Part 1)

1. Develop a written conversion plan, approved by board members, outlining:
 - a. The justification for conversion;
 - b. Acknowledgement that consumers agree to receive ID/RD Waiver services; and meet CRCF level of care criteria and proposal serving those consumer who will not meet CRCF level of care;
 - c. Copies of Support Plans and Behavior Support Plans for consumers residing in ID/RD proposed to be converted;
 - d. Commitment to continue to provide all services required by consumers who will reside in converted facility;
 - e. Current and projected budgets;
 - f. Proposed utilization of operational savings;
 - g. Proposed source of funding of required physical plant renovations.

NOTE: All consumers who will be living in the CRCF, and who are already assigned a funding band will retain their funding band. New consumers from a DDSN Regional Center will be funded at a Band **H R** Level. New consumers from the community will be assigned a Band G Level unless otherwise justified. See DDSN Directive 250-10-DD: Funding for Services, for additional details.

2. Once developed, send the written conversion plan to your DDSN District Director. **DDSN** District staff may conduct an on-site review of the facility proposed to be converted. When approved, the **DDSN** District Director will send the plan (along with his/her recommendation) to **the** DDSN Central Office, Division of Cost Analysis & Community Contracts. Plans not approved by the DDSN District Director, will be returned (along with written justification) to the provider for further consideration.
3. The Division of Cost Analysis and Community Contracts will forward the plan to the ~~Division of Intellectual Disabilities/Related Disabilities~~ **ID/RD Division** for review. When approved, the plan (along with a written justification) will be returned to the Division of Cost Analysis. Plans not approved by the ~~Division of Intellectual Disabilities/Related Disabilities~~ **ID/RD Division** will be returned (along with written justification) to the provider for further consideration.
4. The Division of Cost Analysis and Community Contracts will forward the plan to the Director of Engineering and Planning for review. At this time, the DDSN Engineering & Planning Division may schedule an on-site review of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion. After the on-site review, the Director of Engineering will return the plan (along with a written recommendation) to the Director of Cost Analysis and Community Contracts Division.
5. When approved, the Director, Division of Cost Analysis and Community Contracts, will notify the provider in writing that the plan has received initial approval by DDSN.
6. When the plan is not approved by the Director of Cost Analysis and Community Contracts, it will be reviewed by the Associate State Director of Policy, Associate State Director of Operations and the Associate State Director of Administration prior to being returned to the provider (along with written justification) by the Director of Cost Analysis and Community Contracts Division.

C. DHEC Review (Part 1)

1. Once approval from Director of Cost Analysis and Community Contracts is received, ~~the~~ provider should contact DDSN, Engineering and Planning Division to assist in the plan review process, including either review or preparation of the DHEC Construction Project Information form and contacting DHEC DHFC to request a plan review. A description of the requirement associated with the DHEC plan review is available from the DHEC web site at <http://www.scdhec.gov/health/constr/checklist.htm>. ~~Select the Plan Review and Construction Inspection Checklist for Community Residential Care Facilities (CRCFs).~~
<http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityConstruction/OverviewOfHealthcareFacilityConstructionSafety/>.
- a. Also at this time, submit the documents noted in Step 8 of the DHEC ~~document at~~ <http://www.scdhec.gov/health/licen/hlrefnea.pdf> ~~Construction Project Information Form~~ <http://www.scdhec.gov/Agency/docs/health-regs/61-15.pdf> to your DHEC Health Licensing inspector ~~noted in Attachment A~~.
- b. At the same time, submit a request for exemption to a Certificate of Need review based upon permanent closure of a health care facility (see DHEC Regulation 61-15 Section ~~104.2.k~~ 104.1.c. ~~at~~ <http://www.scdhec.gov/administration/regs/docs/61-15.pdf>) to:

South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Services Development
2600 Bull Street
South Carolina 29201-1708
2. After the DHEC Health Facilities Construction inspector receives the request, they will coordinate the scheduling of the “plan review” meeting and any necessary on-site and construction visits through the DDSN Engineering and Planning Division.
3. When the facility meets the DHEC Health Facilities Construction requirements, DHEC Health Facilities Construction will issue an affidavit to the Division of Health Licensing.

D. DHEC Review (Part 2)

1. Make sure the facility complies with Regulation 61-84 (<http://www.scdhec.gov/administration/regs/docs/61-84.pdf> <http://www.scdhec.gov/Agency/docs/health-regs/R61-84-CRCF.pdf>). Pay close attention to Sections: 2701; 2702; 2704; 2715; 2717.E; 1300; 1700;

1601; 1703; 2716.C; 2717; 2200; 501.F; 1001.A.B; 903.E; 1402; 1307.A; 903.D; 1306.C; 1401.A; 502.A; 401.A.B; 901.A; 1201.A; 704.

2. The Director of Engineering will notify the Director of Cost Analysis and Community Contracts when the ICF/IID is within 45 days of conversion.

The Director of Cost Analysis and Community Contracts will notify the provider in writing of final approval to convert. As DDSN is required to give DHHS 30 days' notice of any ICF/IID license termination, the DHHS Division Director on Community Options will be copied on the notification of final approval to convert.

3. At this point the provider should ~~complete necessary documentation to electronically~~ submit an Admission Discharge Transfer Request and secure a Medicaid ID/RD or HASCI waiver slot for consumers who will reside in the facility to be converted. **THE WAIVER SLOT MUST BE AWARDED AND FREEDOM OF CHOICE AND LEVELS OF CARE COMPLETED PRIOR TO THE EFFECTIVE DATE THAT THE FACILITY WILL OPERATE AS A CRCF.** Contact ~~the~~ DDSN District Office Waiver Enrollment Coordinator at (864) 938-3292 for any questions regarding the waiver slot awarding process. **LEVEL OF CARE'S AND ALL ACCOMPANYING PAPERWORK SHOULD BE COMPLETED AND FORWARDED TO THE CONSUMER ASSESSMENT TEAM TWO (2) WEEKS PRIOR TO THE ANTICIPATED CONVERSION DATE.**
4. The regional DHEC Health Licensing Inspector within the Division of Health Licensing will contact ~~the~~ provider to schedule an on-site inspection.
5. When the facility passes the DHEC Health Licensing Review, ~~the~~ provider will be issued an effective date/license to operate a CRCF. At this time, a check or money order payable to DHEC (\$10 per licensed bed, or \$75 for 7 or less beds) should be submitted to the Regional DHEC Health Licensing Inspector within the Division of Health Licensing.
6. Once the CRCF license has been issued, return the original ICF/IID license, with an explanation as to why the license is being returned; date of the conversion, logistics of consumer moves and where previous ICF/IID records will be maintained to:

Director
South Carolina Department of Health and Environmental Control
Division of Health Licensing
2600 Bull Street
Columbia, South Carolina 29201

and copy:

ICF/**I**ID Program Manager Supervisor
South Carolina Department of Health and Environmental Control
Certification Division
2600 Bull Street
Columbia, South Carolina 29201

7. Notify the DDSN Director of Cost Analysis at (803)-898-9806, to initiate a change in your DDSN/Provider contract.

II. **ICF/**I**ID to CTH CONVERSION**

A. RESOURCE INFORMATION

1. Contact DDSN (803) 898-9691, to obtain DDSN residential habilitation standards and licensing application form.

The residential standards, as well as all DDSN policies, can be obtained from the following website at <http://www.ddsn.sc.gov/about/directives-standards/Pages/default.aspx>. The licensing application is an attachment to DDSN Directive 104-01-DD: Certification and Licensure of Residential and Day Facilities.

2. Contact **the** DDSN District Office, Waiver Enrollment Coordinator **at** (864) 938-3368, for questions related to procedures for ID/RD Wavier Slot Allocation and Enrollment.

B. DDSN REVIEW (PART 1)

1. Develop a written conversion plan, approved by board members, outlining:
 - a. The justification for conversion;
 - b. Acknowledgement that consumers agree to receive ID/RD Waiver services;
 - c. Copies of Support Plans and BSPs for consumers residing in ICF/**I**ID proposed to be converted;
 - d. Commitment to continue to provide all services required by consumers who will reside in converted facility;
 - e. Current and projected budgets;
 - f. Proposed utilization of operational savings;
 - g. Proposed source of funding of required physical plant renovations.

NOTE: All consumers who will be living in the CTH-II, and who are already assigned a funding band will retain their funding band. New consumers from a DDSN Regional Center will be funded at a Band H Level. New consumers from the community will be assigned a Band G Level unless otherwise justified. See DDSN Directive 250-10-DD: Funding for Services for additional details.

2. Send the written conversion plan to the DDSN District Director. **DDSN** District staff may conduct an on-site review of the facility proposed to be converted. When approved, the **DDSN** District Director will send the plan (along with his/her recommendation) to **the** DDSN Central Office, Division of Cost Analysis and Community Contracts. Plans not approved by the DDSN District Director will be returned (along with written justification) to the Provider for further consideration.
3. The Division of Cost Analysis and Community Contracts will forward the plan to the ~~Division of Intellectual Disabilities/Related Disabilities ID/RD Division~~ for review. When approved, the plan (along with a written justification) will be returned to the Division of Cost Analysis and Community Contracts. Plans not approved by the ~~Division of Intellectual Disabilities/Related Disabilities ID/RD Division~~ will be returned (along with written justification) to the provider for further consideration.
4. The Division of Cost Analysis and Community Contracts will forward the plan to the Director of Budget & Engineering for review. At this time, the DDSN Engineering and Planning Division may schedule an on-site review of the facility to assess compliance with building and fire-safety codes that may impact the projected cost of the conversion.
5. After the on-site review, the Associate State Director-Administration will return the plan (along with a written recommendation) to the Director of Cost Analysis and Community Contracts Division. When approved by the Director, Division of Cost Analysis and Community Contracts, he/she will notify the provider in writing that the plan has received initial approval by DDSN.
6. When the plan is not approved by the Director of Cost Analysis and Community Contracts Division, it will be reviewed by the Associate State Director of Policy, the Associate State Director of Operations and the Associate State Director of Administration prior to being returned to the provider (along with written justification) by the Director of Cost Analysis and Community Contracts Division.

C. DDSN REVIEW (PART 2)

1. The Director of Engineering will notify the Director of Cost Analysis and Community Contracts when the ICF/**I**ID is within 45 days of conversion.

The Director of Cost Analysis and Community Contracts will notify the provider in writing of final approval to convert. As DDSN is required to give DHHS 30 days' notice of any ICF/~~IID~~ license termination, the DHHS Division Director on Community Options will be copied on the notification of final approval to convert.

2. At this point the provider should complete necessary documentation to submit an Admission Discharge Transfer Request and secure a Medicaid ID/RD or HASCI waiver slot for consumers who will reside in the facility to be converted. **THE WAIVER SLOT MUST BE AWARDED AND FREEDOM OF CHOICE AND LEVELS OF CARE COMPLETED PRIOR TO THE EFFECTIVE DATE THAT THE FACILITY WILL OPERATE AS A CRCF.** Contact ~~the~~ DDSN District Office Waiver Enrollment Coordinator at (864) 938-3292 for any questions regarding the waiver slot awarding process. **LEVEL OF CARE'S AND ALL ACCOMPANYING PAPERWORK SHOULD BE COMPLETED AND FORWARDED TO THE CONSUMER ASSESSMENT TEAM TWO (2) WEEKS PRIOR TO THE ANTICIPATED CONVERSION DATE.**

3. Once the conversion plan has been approved by DDSN, a CTH-II application should be submitted to:

South Carolina Department of Disabilities and Special Needs
Quality Management Division
Post Office Box 4706
Columbia, South Carolina 29240

At the same time, submit a request for exemption to a Certificate of Need review based upon permanent closure of a health care facility (see DHEC Regulation 61-15 Section ~~104.2.k. at 104.1.c.~~

<http://www.scdhec.gov/administration/regs/docs/61-15.pdf>

<http://www.scdhec.gov/Agency/docs/health-regs/61-15.pdf>) to:

South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Services Development
2600 Bull Street
Columbia, South Carolina 29201-1708

4. DDSN Division of Quality Management will coordinate with the Director of Cost Analysis and Community Contracts and will notify you of the on-site inspection date/time.
5. Once a CTH-II license and/or certificate has been issued, return the original ICF/~~IID~~ license, with an explanation as to why the license is being

returned; date of the conversion, logistics of consumer moves and where previous ICF/IID records will be maintained, to:

Division Director
South Carolina Department of Health and Environmental Control
Division of Health Licensing
2600 Bull Street
Columbia, South Carolina 29201

and copy to:

ICF/IID Program Manager Supervisor
Certification Division
2600 Bull Street
Columbia, South Carolina 29201

6. Notify the DDSN Director of Cost Analysis and Community Contracts Division at (803) 898-9806, to initiate a change in your DDSN/Provider contract

Susan Kreh Beck, Ed.S., NCSP
Associate State Director-Policy
(Originator)

Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)